

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

Mr Gregory Lolos

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"A dialectical philosophy holds that the more one asserts a particular perspective, the more the opposite perspective (and associated stigma) will be asserted. The synthesis of opposing perspectives is required. This synthesis will involve a greater emphasis on the continuum of mental health, ranging from poor to excellent. The very phrase mental illness contains within it the opposing dichotomy of not mentally ill. It is those who are consider themselves not mentally ill who are more likely to stigmatise the opposing dichotomy. Education is key however the terminology needs to be focussed on the continuum of mental health. There needs to be a consistent language to describe level of mental health words/concepts such as poor average, good, excellent need to be quantified clearly defined and used as the nomenclature to describe one's current mental health. Further supporting this synthesis of perspectives will involve a shift away from the biomedical model of mental health and more towards social determinants of mental health. The biomedical pathologises (and by implication essentially blames) the individual for mental health problems. There is too much emphasis on this perspective and not enough emphasis on the social perspective. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"The headspace model (one stop shop with multiple accessible locations) is working well for young people 18-25. However, it lacks a family focus for the younger individuals 12-18 and does not support 0-12. It is also too biomedically focussed pathologizing the individual due to lack of services for families. A model similar to headspace (free access, unified branding, multiple services under the one roof and accessible-multiple locations) for all families with children under the age of 16 would help prevent mental illness. Such a model would have a heavy focus on systems theory and social determinants of mental health. The majority of mental health problems could be prevented if social determinants of mental health were addressed and early intervention had a greater focus at the family level. Creating access to family therapists - increasing workforce through regulated training and legislative registration with protected titles (i.e. family therapist). This could also involve creating a pathway (training) for psychologists to obtain an area of practice endorsement in family therapy. In sum, more free access to family support is required, - economical, educational material and mental health. This would enable caregivers to better support their children thus ultimately breaking the many generational factors/cycles that are related to poor mental health. Early intervention essentially needs to occur at the caregiver level "

What is already working well and what can be done better to prevent suicide?

Cannot comment on what is working well. Ban all advertising of alcohol on TV just like tobacco. Research shows its direct and indirect (e.g. impact on relationships) influence on suicide is significant. This includes banning media personalities and politicians from using drugs (alcohol)

publicly

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Lack of education in life skills makes it hard. Essential life skills such as self care, mindfulness, distress tolerance, emotion regulation and communication skills need to be taught throughout the school based curriculum from prep to 12. A greater focus on what it is to be human and how to experience a rich full meaningful life needs to be included in the school curriculum. In general the school curriculum needs to move away from teaching children facts about the world we have the internet rather curriculum needs to teach how to critically evaluate facts, apply knowledge, solve problems and find meaning and purpose in life. Our current education system is one of the key social determinants to mental health. It needs to be addressed. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Social determinants such as poor socioeconomic status, lack of support for families, poor education. See answer above re education and families"

What are the needs of family members and carers and what can be done better to support them?

See Answer to question 2

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"Greater remuneration and public recognition for this work will always increase a workforce. RE peer support workers - the development of a professional career avenue in peer support work, i.e. an accredited Diploma or Degree in this area. Greater funding for a peak body to train and regulate peer support: ensuring that governance of any such system is done by those with lived experiences of mental health problems, not by professionals without lived experience. Building a large scale national peer support system is an essential ingredient to improving mental health and wellbeing of individuals and communities. I believe that many individuals continue to require long term support from professionals such as psychologists, not because of the effectiveness of any particular intervention or therapy the professional utilises, but rather to maintain a supportive mentoring relationship. Many individuals do not have these. Peer support workers, and groups in particular, are essential. "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

" A career path in peer support for those with lived experience would specifically target social and economic participation. (see question 7) Ultimately, there needs to be a contingency set up that says the better you do the more you benefit. Currently the contingency in the mental health system is - the better you do, the less support you receive and the more others expect of you. Maintaining the status quo is safer for many individuals (even if the status quo is misery) Thus providing career avenues in mental health for those with lived experience will not only change the contingency, the training component of learning about mental health and how to support others

with poor mental health will be personal development. It will improve an individuals mental health "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Develop clear linguistic nomenclature to describe a continuum of mental health and wellbeing (do away with term mental illness). Shift focus from biomedical model of mental health to social determinants of mental health (highlight this in media, assessment instruments, training for mental health professionals) Increase support for families through creating regulated field of family therapists and providing free access to these therapists (under Medicare) Replicate the headspace model for families with children under 16 Teach essential life skills as part of the curriculum in schools starting at prep through to year 12 Develop a comprehensive peer support system that provides a career avenue for those with lived experience of mental health problems "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

N/A